



Pitney Bowes Inc.

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steve.shapiro@pb.com**Memorandum**

To: Examiner Thomas A. Dixon
Group Art Unit 3629

Fax No.: 1-703-305-7687

From: Steven J. Shapiro
cc: C. Frederickson

Date: October 30, 2003

Subject: **Serial No.: 09/280,528**

Pages: **22** (including this cover)

OFFICIAL**RECEIVED
CENTRAL FAX CENTER**

OCT 30 2003

Re: U.S. Patent Application Serial No.: 09/280,528
Our Docket #E-831

Enclosed please find the Amendment in response to an Office Action mailed July 30, 2003, together with the Amendment Transmittal Letter.
PLEASE CONFIRM RECEIPT.

CERTIFICATE OF FACSIMILE TRANSMISSION

I hereby certify that this correspondence is being transmitted *via facsimile* to:

Patent and Trademark Office
Attention: Examiner Thomas A. Dixon, Group Art Unit: 3629
Facsimile No. (703) 305-7687

1. Amendment Transmittal Letter (2 pages);
4. Amendment (19 pages, including 2-page Exhibit A).

On October 30, 2003
Date of Transmission



Signature

Steven J. Shapiro
Name of Registered Rep.
Reg. No.: 35,677

October 30, 2003
Date

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re patent application of:) Date: October 30, 2003
 Robert A. Cordery et al.) Attorney Docket No.: E-831
 Serial No.: 09/280,528) Customer No.: 00919
 Filed: March 30, 1999) Group Art Unit: 3629
 Confirmation No.:) Examiner: Thomas A. Dixon
 Title: **METHOD FOR CERTIFYING PUBLIC KEYS USED TO SIGN
 POSTAL INDICIA AND INDICIA SO SIGNED**

AMENDMENT TRANSMITTAL LETTER

Mail Stop Non-fee Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Sir:

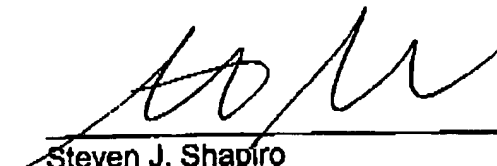
Transmitted herewith is an amendment in the above-identified application. The fee has been calculated as shown below.

	Claims Remaining After Amendment	-	Highest Number Previously Paid For	=	Number of Extra Claims Present	X	Rate	=	Additional Fee
Total Claims	25	-	27	=	0	X	\$18.00	=	0.00
Independent Claims	11	-	11	=	0	X	\$86.00	=	0.00
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT									0.00

No additional fee is required.

- 2 -

Please charge any additional fees or credit overpayment to Deposit Account Number
16-1885.



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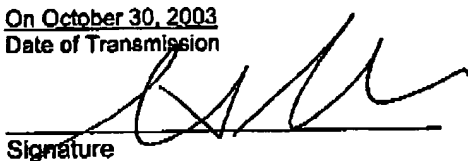
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